



# LOS ANGELES COUNTY COMMISSION ON HIV

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## STANDARDS OF CARE (SOC) COMMITTEE MEETING MINUTES

January 3, 2013



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Angélica Palmeros, <i>Co-Chair</i>	Vivian Branchick	Traci Bivens-Davis	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>	Carlos Vega-Matos	Grissel Granados	Craig Vincent-Jones
Mark Davis	Jocelyn Woodard/Jesse Lopez	Miguel Martinez	
Lilia Espinoza		Hilda Sandoval	
David Giugni		Tom Siegmeth	<b>DHSP STAFF</b>
Terry Goddard		Jithin Veer	None
James Jones		Jason Wise	

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care (SOC) Committee Agenda, *1/3/2013*
- 2) **Minutes:** Standards of Care (SOC) Committee Meeting Minutes, *11/1/2012*
- 3) **List:** Consolidation of Service Categories, *1/3/2013*
- 4) **Standards of Care:** Optometry Services, Draft 2, *12/4/2012*
- 5) **Service Guidelines:** Youth Transitional Case Management, *8/10/2011*

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 9:15 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 11/1/2012 Standards of Care (SOC) Committee meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP:** There were no comments.
6. **CO-CHAIRS' REPORT:**
  - A. **Co-Chair Nominations:** Ms. Palmeros and Dr. Younai were nominated as Co-Chairs. Members may contact Mr. Vincent-Jones with additional nominations. Nominations will close and elections will be held at the February 2013 meeting.
7. **OPTOMETRY SERVICES STANDARD OF CARE:**
  - Mr. Vincent-Jones reported the Expert Review Panel (ERP) met 12/3/2012. It had originally been scheduled in October 2012, but three of five scheduled optometrists cancelled. It was thought an evening ERP would be more successful so it had been rescheduled, but all five scheduled optometrists cancelled.
  - The ERP was held, however, with: Dr. Sonali Kulkarni, Medical Director, and Mr. Vega-Matos, Chief, Care Division, DHSP; Dr. Joseph Cadden, Rand Schrader Clinic and Commissioner; a consumer from West Hollywood; and Mr. Vincent-Jones.
  - There had been extensive discussion on whether ophthalmology should be moved from medical specialty into a combined vision services standard. The ERP decided against the change so the standard's name was changed to Optometry Services.

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- Differing from most services, the standard is based on the premise that the grantee will cap the amount that a provider can spend per patient per year. The amount is not set in the standard itself and is left to the administrative agency to avert otherwise unnecessary standard revisions, but must be sufficient to provide the designated services, including frames and lenses.
- Mr. Vincent-Jones noted funds have been allocated to this service for the next grant year. Consequently, completing the standard is time-sensitive so that DHSP can develop an RFP. He hoped to open public comment at the 1/10/2013 Commission meeting and also request the California Board of Optometry to provide prompt review and submission of any comments.
- He noted optometry is a paraprofessional service focused on fitting patients with eyewear. Consequently, there is little in the field about ramifications of various symptoms as they pertain to particular diseases.
- Dr. Younai said optometrists should recognize HIV symptomology as they might be the first to identify such symptoms. Mr. Vincent-Jones suggested the Pacific AIDS Education and Treatment Centers (PAETC) could lead in developing training.
- Dr. Espinoza said the PAETC has been called to account for training outside the designated populations, which do not include optometrists, but Mr. Vincent-Jones suggested this could be area for advocacy. HRSA was open during discussions at the All Grantees meeting to viewing limitations differently in light of changes driven by the Affordable Care Act (ACA).
- Mr. Goddard expressed concern that training might create a provider barrier to consumer access. Mr. Vincent-Jones replied that the increase in provider funding offers an incentive which should counterbalance requirement concerns and is similar to requirements in other service categories, e.g., medical outpatient providers are expected to have bilingual staff.
- Mr. Vincent-Jones said adding this service was driven by consumer demand. Need was exacerbated when Medi-Cal dropped optometric services in 2009 though some private plans in the insurance exchange may provide optometric care.
- ➡ Make the following changes:
  - Add language to clarify that ophthalmology is included under medical specialty;
  - Page 8, Service Components, Bullet 1: Revise to “Referral to medical care”;
  - Page 9, Optometry Intake, Bullet 1: Add “hypertension” after “diabetes”;
  - Page 11, paragraph 3: Clarify that routine issues should be referred to the patient’s primary care physician while urgent issues should be referred directly to an ophthalmologist;
  - Page 11, paragraph 4: Clarify that lenses/frames may be replaced at any time if broken or lost and that service coverage may vary among providers;
  - Page 11, paragraph 4, Sentence 3: Replace sentence, “Replacement lenses and frames are subject to approval by the administrative agency” with new sentence, “All services, including replacement frames and lenses, are subject to an annual optometry reimbursement cap”;
  - Page 13, Staffing Requirements and Qualifications: Add HIV-specific training component, e.g., two-hour training on potential HIV complications, since no HIV specialty providers were found in this service category.
- ➡ Mr. Vincent-Jones will check on what tracking is done on follow-through of patient referrals.
- ➡ Mr. Vincent-Jones will request the California Board of Optometry review the list of items included in the Comprehensive Eye Examination, page 10, in particular whether ocular muscle movement evaluation should be added to the list.

**MOTION #3 (Younai/Goddard):** Approve the Optometry Services Standards of Care, as amended (**Passed: Ayes**, Davis, Espinoza, Giugni, Goddard, Jones, Palmeros, Younai; **Opposed**, None; **Abstentions**, None).

### 8. STANDARD OF CARE REVISION 2013 WORK PLAN:

- Mr. Vincent-Jones noted two key considerations in developing the 2013 work plan. First, a timeline is needed to specify when and how various standards will be revised. Developing it is complicated since different standards are at different points in the consolidation process. Second, many standards are being revised, e.g., the Linkage to Care (LTC) ERPs are developing almost a mini-continuum of services that encompasses several categories.
- A question on the nature of standards arose a few weeks ago when Ms. Bivens-Davis, Mr. Martinez and Ms. Sandoval requested inclusion of the Youth Transitional Case Management (YTCM) Service Guidelines, written by Heather Northover, DHSP, in the Standards of Care continuum. Mr. Vincent-Jones noted to them that standards are typically service-based, not population-based, except for Transitional Case Management (TCM) for youth and the incarcerated/post-incarcerated.
- Populations were addressed in the Commission’s Special Populations Guidelines which were meant as recommendations to providers with a high number of clients in a special population or to DHSP in contracting services for such populations. They have not been very effective to date, but the Latino Special Population Guidelines under development go beyond them and use a new format. SOC may nevertheless want to address special populations in a new way, such as via standards.

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- The Commission is already moving toward changing the approach to standards, e.g., moving from single service category standards to addressing consolidated services such as LTC. That makes this a pertinent time to consider other possible changes such as how standards should address special populations and the integration of prevention and care.
- Dr. Younai felt standards need to continue to address care level outcomes, but also should provide a macro level view to assist people in navigating the system of care. She suggested keeping the current standards, which inform contract requirements, while adding a different kind of standard that provides an overview of the system of care.
- Mr. Vincent-Jones reviewed current standards work:
  - Medical Outpatient/Specialty (MO/S): Medical Advisory Committee (MAC) will act as ERP, now planned for 4/19/2013;
  - Optometry Services: Opening for public comment at the 1/10/2013 Commission, also to be discussed at the MAC;
  - Medication Assistance and Access (MAA): No current plans to revise existing standard;
  - Oral Health Care: Oral Health Advisory Committee (OHAC) recommended by SOC to DHSP as ERP, schedule pending;
  - Linkage to Care Services (LTC): First set of ERPs produced significant feedback so standards are being revised by Kathleen Clannon and Phil Meyer, consultants, and Mr. Vincent-Jones for presentation to a second set of ERPs, hopefully by the end of March, with a document ready for SOC to review later in the year;
  - Benefits Support: Develop new standard combining existing Benefits Specialty Standards of Care and standards for Health Insurance Premium Payment/Cost-Sharing, schedule for June to allow time for HRSA to respond to the Commission's request to clarify which co-payments qualify for Ryan White funds and anticipated negotiation on that issue;
  - Medical Care Coordination (MCC): No current plans to address;
  - Mental Health Services (MH): New standards recently approved;
  - Medical Nutrition Therapy (MNT): No current plans to revise existing standard;
  - Substance Abuse: Status not clear, review for possible work later in the year;
  - Housing Supportive Services: No current plans to revise existing standard;
  - Residential Care and Housing Services: No current plans to revise existing standard;
  - Home-Based Care: Work remains on combining Home-Based Case Management and Home Health Care standards;
  - Retention in Care Services (RIC): Development will be extensive so will start following completion, or at least significant progress towards completion, of LTC SOC;
  - Long-Term and Palliative Care (LTCP): Hospice and Skilled Nursing standards most likely being combined;
  - Rehabilitation Services: Cannot be funded by Ryan White and not funded by the County so standards are not a priority;
  - Respite Care: Cannot be funded by Ryan White and not funded by the County so standards are not a priority.
- Existing special population guidelines also need revision to strengthen and reformat them consistent with Latino Caucus efforts on the Latino Special Population Guidelines, and discussions regarding youth. Revisions and development of guidelines for populations that have not yet been addressed should be developed with appropriate partnerships. There are approximately a dozen targeted populations.
- Mr. Vincent-Jones reviewed current special populations guidelines work:
  - Latino: Guideline revision under way;
  - Youth: Added to list per today's meeting (see below);
  - Mental Health: Ongoing work;
  - Focus through June 2013: Finish Latino and mental health guidelines, start youth and women;
  - Partner with CHISS and LACHAC to address housing, supportive services, residential and homeless guidelines.
- ➡ Mr. Vincent-Jones will verify MAC can dedicate the entire 4/19/2013 meeting to the MO/S ERP with Dr. Sonali Kulkarni, Medical Director, DHSP. Ms. Clannon and Mr. Meyer are already confirmed for the date.
- ➡ Mr. Vincent-Jones will discuss scheduling OHAC as the oral health ERP with Dr. Kulkarni.
- ➡ Mr. Vincent-Jones will check on the status of the Substance Abuse Standards of Care.
- ➡ Mr. Vincent-Jones and Mr. Goddard will discuss possible Housing Standards of Care repercussions from and/or Commission interaction with ongoing LACHAC strategic planning. Subjects under discussion include Housing Specialty Case Management.
- ➡ Mr. Vincent-Jones will verify that hospice and skilled nursing standards are not already combined.

### 9. YOUTH SERVICES STANDARD OF CARE:

- Ms. Bivens-Davis, Mr. Martinez and Ms. Sandoval reported the Connect to Protect (C2P) LA Care and Testing Subcommittee, Community Advisory Group, began coordinating with DHSP in 2010 to develop service guidelines for Youth Transitional Case Management (YTCM). Guidelines were submitted to DHSP in September 2011, but were not formally approved.

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- Mr. Vincent-Jones suggested MCA participate in the YTCM discussion. Mr. Martinez noted some 30 agencies are in the coalition with several active in YTCM development. MCC was also compared to YTCM, but the group felt youth needs sufficiently distinctive for a youth continuum of care and hope to partner with the Commission on developing one.
- Dr. Younai said the guidelines seem more like an operational manual. She noted standards provide a basis for contracts which ensure providers are prepared to offer needed services, but the guidelines reflect minimal training requirements.
- Mr. Martinez replied the guidelines focus on expectations when a young person comes in for services. The group previously worked with the Prevention Planning Committee (PPC) on minimum expectations for testing which were incorporated into contracts. Training hours were also required at the time so the group developed and presented a training module.
- The standard definition of “youth” is age 13 to 24, but research on cerebral cortex development has prompted debate on expanding the definition to age 29. Ms. Sandoval added that people in this older cohort have experienced life-changing circumstances with their HIV+ diagnosis and are often traumatized if pushed into adult care too soon. That can result in adherence issues as well as substance abuse and homelessness.
- Mr. Martinez noted specialized services are ideal, but it is unrealistic to expect them countywide. Adult counterparts, however, can be more welcoming, e.g., through structural changes, training and culturally competent referrals.
- Mr. Vincent-Jones noted there was discussion about moving Transitional Case Management (TCM) into Linkage to Care (LTC), but both LTC ERPs to date were not comfortable with that strategy, so another solution seems likely, e.g., TCM might be incorporated into other services, become a separate standard or be broken into standards for each population served.
- DHSP plans to maintain TCM for the immediate future and funds are allocated to it. TCM might be reviewed once LTC and MCC are fully realized, e.g., a percentage of funds from those services might be allocated to youth.
- Mr. Martinez said YTCM was envisioned as engagement and retention while MCC focuses more on initial engagement due to funding limits. Mr. Vincent-Jones noted high acuity patients have access to ongoing MCC patient management now, but he anticipated more funding as patients migrate to Healthy Way LA. Data is not yet available to evaluate MCC or its funding.
- The MCC Standard of Care acknowledges certain populations may need specialized services and/or specialty agencies. Also, contracts for agencies with significant clientele from, e.g., youth, may designate one or two specially trained case workers.
- He added that the two key themes at the International AIDS Conference were integration of care and prevention and special (or vulnerable) populations. The CDC also recently released data reflecting that >25% of HIV infections are among those aged 13 to 24 and 60% are unaware of their status. These are drivers for greater attention to the youth population.
- Mr. Goddard understood that finances are normally not considered when determining services, but felt reviewing guidelines through an economic lens addresses the realities of actually providing a service. Mr. Vincent-Jones replied the Evaluation of Service Effectiveness (ESE) is a multi-lens view of a service’s effectiveness, including cost effectiveness.
- Dr. Younai suggested adding a section to each standard pertaining to special population issues rather than stand alone special population standards. An additional section could be added on how to address issues when resources are limited.
- Mr. Vincent-Jones felt strengthening Special Population Guidelines would be most effective now since it will be necessary regardless of whether information is later inserted into standards. Meanwhile, SOC can recommend that P&P allocate funds specifically to youth. Mr. Goddard suggested reviewing all special populations regarding potential MCC allocations.
- Mr. Vincent-Jones recommended SOC develop Youth Services Standards of Care that are similar to a Special Population Guideline, but more in depth. SOC might collaborate with C2P and use the process as a pilot for other populations. He added “Special Population Guidelines” probably should be changed to reflect more of a standard-level document.
- Mr. Goddard asked about pediatric care. Mr. Vincent-Jones said the Commission has had requests to address pediatric and perinatal issues, but they reflect very few patients so have not been prioritized.
- Ms. Palmeros felt prevention should be a key component. Specific populations such as youth, transgender and homeless people, are difficult to engage and keep in care. She felt a need for best practices to address such high risk populations.
- Dr. Younai said standards are based on recognized research that has been incorporated into treatment guidelines, but data on guidelines for these high risk populations is lacking. Mr. Vincent-Jones reminded the committee that its standards can incorporate whatever SOC feels is appropriate. For example, growing evidence indicates that youth and transgender population services require a peer component, which is less important for general medical care or MCC. Dr. Amy Wohl, DHSP, has also done significant research on the importance of more intense follow-up with youth. That could be sufficient evidence for SOC. It is unnecessary for a practice to be nationally recognized for standards to consider it as a best practice or minimum expectation for this jurisdiction. Developing such practices can be a pilot for other jurisdictions to consider.
- Mr. Vincent-Jones felt special population recommendations make standards more useful to other systems of care. Such systems already use Public Health Services guidelines for medical services, but lack information about special populations.
- Mr. Martinez noted there are monthly C2P LA meetings with the next meeting on 1/15/2013, 10:00 am to 12:00 noon, APLA. He expressed interest in reviewing the Latino Special Population Guidelines to better understand the approach.

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- Dr. Espinoza, Co-Chair, Latino Caucus, noted she is working on the Latino Special Population Guidelines. A draft should be completed in a week and will be discussed at the 1/18/2013 meeting, 10:00 am to 12:00 noon, at the Commission offices.
- ➡ Mr. Vincent-Jones will follow-up with DHSP to ensure MCC services are addressing special populations, as envisioned.
- ➡ It was agreed that the Special Population Guidelines should have a new, more prominent role. SOC will rename them, discuss a new development process and work with collaborative partners such as C2P LA.
- ➡ Continue development of the Latino Special Population Guidelines by the Latino Caucus and initiate development of Youth Special Population Guidelines in collaboration with C2P LA. These will be pilots for more developed population standards.
- ➡ Mr. Vincent-Jones will send Mr. Martinez the draft Latino Special Population Guidelines once completed and the current Youth Special Population Guidelines for review.
- ➡ Generate directive to P&P (see below) and present as motion on Commission agenda with appropriate background.

**MOTION #4 (Younai/Goddard):** Directive to Priorities and Planning Committee: Start considering how to allocate in the next allocation cycle to special populations in coordination with the Standards of Care Committee (**Passed: Ayes**, Davis, Espinoza, Giugni, Goddard, Jones, Palmeros, Younai; **Opposed**, None; **Abstentions**, None).

**MOTION #5 (Younai/Goddard):** Confirm support for all action items noted above (**Passed by Consensus**).

**10. EXPERT REVIEW PANELS (ERPS):** There was no additional discussion.

### 11. NEXT STEPS:

- Mr. Goddard suggested initiating Evaluation of Service Effectiveness (ESE) at the start of a program rather than waiting for a balanced scorecard since the latter requires so many variables. Mr. Vincent-Jones replied baseline data from services is requisite in order to develop valid, rather than theoretical, results.
- Mr. Vincent-Jones noted the oral health ESE survey would hopefully be released soon. That and the medical outpatient survey have specific outcomes data available so are the easier categories with which to begin. The framework itself is not difficult. The challenge is in identifying outcomes for use in the framework. Mr. Goddard suggested housing also had available outcomes for review.
- ➡ Mr. Vincent-Jones will schedule a meeting with Mary Orticke who is collecting outcome data from chart review for the oral health ESE. He will also coordinate with Mr. Vega-Matos to write the introduction and with Dr. Kulkarni on presentation to OHAC.
- ➡ February meeting: agendize review of Comprehensive HIV Plan and discussion of the role of special population guidelines.

**12. ANNOUNCEMENTS:** There were no announcements.

**13. ADJOURNMENT:** The meeting adjourned at 11:35 am.